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PROGRESS REPORT ON UNICEF PROGRAMME ACTIVITIES IN THE PREVENTION OF THE HUMAN IMMUNODEFICIENCY VIRUS AND IN REDUCING THE IMPACT OF ACQUIRED IMMUNE DEFICIENCY SYNDROME ON FAMILIES AND COMMUNITIES

SUMMARY

The acquired immune deficiency syndrome (AIDS) pandemic has continued to worsen, and the World Health Organization now estimates that an additional 5,000 individuals are infected with the human immunodeficiency virus (HIV) daily. The major impact of the HIV/AIDS epidemic, in both its direct and indirect consequences, will be increasingly on women, youth and children, especially on young women and girls, in the developing world. Current levels of available resources are insufficient to substantially slow the spread of the epidemic without significantly increased community involvement and social mobilization focused on the underlying societal conditions which continue to fuel the epidemic.

The UNICEF approach to HIV/AIDS prevention is youth-focused, recognizing that two thirds of HIV infections occur in young people under 25 years of age. The Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women provide a powerful and compelling framework for the societal action required to alter the underlying conditions which foster the spread of HIV and to respond to those families and communities already affected by AIDS. UNICEF programmes of assistance are rapidly increasing their efforts as they relate to the HIV/AIDS epidemic. Efforts are being accompanied by enhanced communication and collaboration among UNICEF country programmes and national Governments, technical institutions and international agencies involved in HIV/AIDS prevention and care activities. The present report describes efforts under way, challenges that remain and actions planned for the future.

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INTRODUCTION

1. The global acquired immune deficiency syndrome (AIDS) pandemic has continued to worsen through 1992. The World Health Organization (WHO) estimates that the number of adults newly infected with the human immunodeficiency virus (HIV) has increased steadily, from less than 50,000 in 1980 to over 1,750,000 in 1991, and will continue to increase for years to come. Although HIV/AIDS will remain a daunting problem in Africa for a generation to come, the geographic shift of the epidemic to Asia has become evident, as WHO now estimates that during the mid-1990s, more Asians will be newly infected each year than Africans. The estimate of the impact of AIDS on women, children and young people will be greater than previously estimated, given the large proportion of the world's population living in Asia and the continuous rise in the heterosexual transmission of HIV in both developed and developing countries. The pandemic is having a major impact on children, adolescents and youth, who represent an increasing proportion of the population in the developing world.

2. At its 1992 session, the Executive Board endorsed the recommendation of the Executive Director that UNICEF intensify and expand programme support activities in the primary prevention of HIV, working in close collaboration with Governments, WHO, non-governmental organizations (NGOs), bilateral agencies and other partners (E/ICEF/1992/14, decision 1992/26). It was further recommended at that time in document E/ICEF/1992/L.11 that UNICEF-supported programmes should:

(a) Focus on efforts that relate most directly to achieving measurable goals in the reduction of HIV transmission among young people;

(b) Support information and communication efforts to reach young people through religious, community and youth organizations and through the mass media, to promote informed and responsible sexual behaviour as the primary approach to containing the pandemic;

(c) Seek more vigorous promotion of the Convention on the Rights of the Child, particularly as it relates to the protection of children and youth from exploitation by prostitution;

(d) Support efforts to promote the improved reproductive health of women and youth, and undertake further efforts to integrate HIV prevention and care interventions within existing youth and maternal and child health (MCH) programmes;

(e) Support the acceleration of strengthening primary health care (PHC) systems in AIDS endemic areas, following the principles of the Bamako Initiative, in order to expand local capacity to increase AIDS prevention actions, to prevent and treat sexually transmitted diseases (STDs), particularly among women and youth, and to treat the infections accompanying AIDS;

(f) Work to expand the capabilities and promote a more central role for NGOs in HIV/AIDS related activities;

(g) Support the development and evaluation of community-based approaches to providing necessary support and social services to children orphaned by AIDS and families affected by HIV/AIDS;

(h) Strengthen technical cooperation with WHO and other international, bilateral and national partners working to improve operations research, monitoring, evaluation and information and experience exchange at country and intercountry levels.

3. The present report responds to Executive Board decision 1992/26 (E/ICEF/1992/14), which requested that the Executive Director report to the Executive Board at its 1993 session on the implementation of this decision. The report briefly describes the status of the pandemic and reviews UNICEF-supported activities at interregional and country levels during 1992. The report also discusses actions taken by UNICEF to strengthen collaboration with other United Nations agencies and efforts to accelerate the response to the global pandemic.

I. BACKGROUND

A. Current status of the global pandemic

4. The WHO Global Programme on AIDS (WHO/GPA) now estimates that by the year 2000, 30 million to 40 million adults and children will have been infected with HIV, and over 1 million AIDS-related deaths will occur annually, most of them in the developing world. Additionally, nearly 10 million children and adolescents will have been orphaned by AIDS, often following several traumatic years, characterized by the declining health and incapacitation of their family, the interruption of their schooling, their entry into the informal work force and an uncertain future, often including by abandonment and exploitation.

5. To date, WHO estimates that 13 million men, women and children have been infected with HIV. Approximately 2.5 million of these HIV-infected people have progressed to AIDS, and a significant number have developed less severe illnesses related to their infection. HIV infections among women of child-bearing age are rising steeply. Approximately one out of three children born to an HIV-infected woman is HIV-infected and dies of AIDS, usually by five years of age. The children who are spared HIV infection nevertheless experience higher rates of morbidity and mortality, as a consequence of the impaired physical and economic status of their parents. Surviving children are eventually orphaned by the death of their parents from AIDS. To date, nearly 1 million HIV-infected children have been born, over one half of whom have developed AIDS. Another 2 million uninfected children are already orphans or will be in the near future. Most of these children are in sub-Saharan Africa.

6. Every day, approximately 5,000 additional persons are newly infected with HIV. Sub-Saharan Africa remains the most heavily infected area, but the pandemic continues to spread throughout the world. The spread is particularly rapid in parts of Asia, where new infections are occurring at the same rate at which they occurred in Africa 10 years ago. There is no doubt that the HIV/AIDS pandemic is now truly global, that no country is spared and that no country or population is immune. The number of AIDS cases during the 1990s will likely be 10 times greater than during the 1980s, and the number of new HIV infections

occurring from 1995 through the year 2000 will likely exceed the cumulative number of cases from the beginning of the epidemic.

B. UNICEF-supported activities through 1991

7. In 1986, the increasing incidence of AIDS in Uganda led the UNICEF country office to implement the first UNICEF AIDS prevention education project. In 1987, a report was presented to the Executive Board expressing concern about the pandemic and the need to ensure appropriate sterilization of all equipment used in immunization programmes (E/ICEF/1987/CRP.9). The Executive Board encouraged greater involvement of UNICEF in combating AIDS, but also expressed caution about the potential diversion of resources from other child health interventions. At that time, many Governments were still unaware or denying the presence of AIDS in their countries, and advocacy for AIDS programming was often difficult.

8. By 1988, heterosexual transmission was accepted as the predominant mode of HIV transmission in the developing world, and there was increased awareness of the transmission of HIV from mothers to their children. A report to the Executive Board (E/ICEF/1988/L.7) analysed the impact of HIV/AIDS on women and children and outlined an AIDS policy and programme approach for UNICEF. By 1990, the need to combat AIDS with a multisectoral approach and the integrated efforts of many ministries became more evident to many Governments and donors. New data from regions outside Africa, particularly in Asia, made it clear that the rapid expansion of the pandemic in the developing world was not confined to the African continent. The Executive Board approved a global AIDS interregional programme for the period 1990-1992 in the amount of $3 million in general resources and $3 million in supplementary funds (E/ICEF/1990/P/L.34).

9. The interregional programme provided modest funding for prevention activities in seriously affected countries that were between programming cycles and for innovative projects for special target groups such as street children, women affected by AIDS and children orphaned by AIDS. The fund was also intended to strengthen the capacity of UNICEF to provide stronger policy and programme support to field offices and collaborating organizations. The interregional programme has supported a wide range of education, advocacy and policy efforts on AIDS. It has also supported research, including studies on AIDS orphans, and the development of community-based risk assessment and prevention methodologies which could be used by UNICEF field offices and others. Technical and other assistance to promote information and experience exchange were also provided.

10. In addition to interregional programme funds, country programme resources have been used to expand UNICEF participation in HIV/AIDS programming in an increasing number of countries. A more detailed description of these activities was included in the report to the 1992 UNICEF Executive Board on the UNICEF programme approach to the prevention of HIV/AIDS (E/ICEF/1992/L.11). Efforts in over 25 countries cover a range of activities, including support for school-based education, curriculum development and production of materials; work with out-of-school youth in both urban and rural areas through youth organizations, local drama, the electronic media and health and social services; activities focused on street children, such as the training of street educators

and outreach activities through community organizations; the training of health workers in the fundamentals of the prevention of HIV transmission; and community education through religious organizations, the private sector, community groups and the media with Facts for Life, among other approaches. Advocacy, operations research, experience exchange and technical assistance focused on children orphaned or otherwise affected by HIV/AIDS and efforts to develop and provide social support to women and families affected by AIDS.

II. REFOCUSING ATTENTION ON WOMEN AND YOUTH

A. Lessons learned from the first decade of the pandemic

11. During the last decade, no significant progress has been achieved in developing an effective cure for AIDS. The emergence of HIV-related tuberculosis epidemics on several continents has further compounded the situation and has given rise to new challenges. Prospects for a preventive or curative vaccine remain speculative. Nevertheless, in a number of countries, progress has been made in slowing the epidemic through education and related efforts to promote safer sexual behaviour. Several critical lessons have been learned from programme efforts around the globe, including:

(a) The major impact of the AIDS epidemic, in both its direct and indirect consequences, will be increasingly on women, youth and children, especially young women and girls, in the developing world;

(b) No single intervention or approach is sufficient in itself to contain the epidemic;

(c) Current levels of available resources in the developing world are insufficient to substantially slow the spread of the epidemic;

(d) Improved coordination and substantially increased mobilization at global, national and community levels are key determinants for future success in containing the epidemic.

12. Women and girls tend to be at higher biological and social risk of acquiring HIV through sex. The first episode of sexual intercourse for many young women is neither planned, pleasurable, with a partner of their choice, or free of force or coercion. In economically depressed or dependent circumstances, it is most often women who are forced into prostitution for survival, or forced to trade sex for support or social promotion. Women often have little control over their partner's sexual life, and in some circumstances, social isolation and a lack of education limit their knowledge of preventive behaviour and their ability to act on that knowledge.

13. Young people are increasingly pressured by social, economic, peer and media influences to engage in high-risk behaviour, which includes the use of alcohol and other substance abuse and beginning sexual relations at an early age. The most vulnerable young people tend to be women, and among them, young girls. In sub-Saharan Africa alone, a birth cohort of over 32 million girls 10 to 14 years of age will soon become sexually active. Unless special attention is paid to

them and their counterparts around the world, the impact of AIDS on the coming generation will be devastating.

14. Preventive strategies limited to public information and education and condom distribution have failed to sufficiently reduce the transmission and spread of HIV within and across continents. However, the increasing international recognition of the multisectoral dimension of the AIDS pandemic is leading to revised global approaches which emphasize a balance of efforts between emergency "medical responses" and the "societal approaches" required to address conditions that continue to favour the spread of the epidemic.

15. Coordination and mobilization at global, national and community levels are key determinants of future success, given that resource requirements will be far greater during the second decade of the pandemic than during the first. This places increasing demands on the current level of resources available from international sources for the AIDS epidemic. WHO/GPA reports that spending on AIDS in the developing world in the past year was limited to approximately $120 million from international sources. WHO/GPA also estimates that at least $2.5 billion - a twentyfold increase - will be required annually in order to have a significant impact on the epidemic using current approaches.

16. A substantial portion of the currently available resources focus on necessary medical interventions, including the protection of the blood supply; testing and epidemiologic monitoring; ensuring safe practices in health facilities; promoting and supplying of condoms; and increasing, although it is still quite limited, spending on the treatment of other STDs. Societal-focused interventions have in recent years received increased attention due to their ability to address simultaneously a broader set of health and development issues, which include, but also reach beyond, HIV/AIDS. However, these approaches have thus far received only a small fraction of the international technical and financial resources required to be effective. The protection of children, youth and women from sexual and other forms of exploitation; the promotion of improved reproductive health and the empowerment of youth and women; the reform of the education system to promote and enhance critical decision-making skills in youth; vocational training and the development of economic opportunities for young women; and the strengthening of community-based approaches to extend health and social services to the children, adolescents and women in greatest need and at greatest risk urgently require the deliberate and substantial support of the international community if the HIV/AIDS epidemic is to be brought under control.

B. Empowerment of women and youth: the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women as frameworks for societal action

17. The increasing transmission of HIV throughout the world is as much a consequence of regressive gender attitudes as it is of unsafe sexual practices. Information about HIV transmission and access to reproductive health information, services and supplies is most likely to result in the adoption of safer behaviour by adults whose sexual relations are genuinely consensual. Information is necessary, but information alone is insufficient to substantially

affect the sexual behaviour of those who are coerced or forced to engage in sexual relations as a consequence of the aggression or controlling influence of others, those who lack negotiating skills or bargaining power in their sexual relations, or those who do not have or cannot envision an alternative to commercial sex as a means to financially support themselves or their families. No amount of programme resources will be sufficient to change the sexual practices of those on the margins of society and most at risk for HIV transmission unless there is also a change in societal attitudes regarding their vulnerability and deserving need for protection and assistance.

18. Underlying much of the vulnerability of those most at risk are gender attitudes which discriminate against girls and young women in their efforts to achieve a degree of economic independence through basic education, other training and employment opportunity. This is often exacerbated by societal indifference or inaction in support of young women, including those with dependent children, who have no viable means of support. The tacit societal acceptance of the sexual prostitution of economically vulnerable adolescents, youth and young women as an alternative means of financial support, a cultural norm or as an inalterable component of human nature provides the fuel by which the HIV epidemic continues to be propelled throughout the globe.

19. The Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women provide powerful and compelling frameworks for the societal action required to alter the underlying conditions which foster the spread of HIV and to respond to those families and communities already affected by AIDS. The two Conventions constitute a platform for broader action by an expanded partnership of government, non-government, community and religious institutions on both the causes and the effects of the HIV/AIDS pandemic. The Conventions represent an embodiment of internationally held values, as well as an articulation of efforts required to promote those values in the health, education, legal, communications, economic and social sectors.

20. Among other important provisions, the States Parties to the Convention on the Rights of the Child have agreed to take all appropriate administrative and legislative measures to ensure, to the maximum extent possible:

(a) Access for young people to information and material from diverse national and international sources, especially those aimed at the promotion of the child's social, spiritual and moral well-being and physical and mental health;

(b) Protection of the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse;

(c) Special protection and assistance for a child deprived of his or her family environment;

(d) The highest attainable standard of health and facilities for the treatment of illness and rehabilitation of health;

(e) Effective and appropriate measures toward abolishing traditional practices prejudicial to the health of children;

(f) The right to education on the basis of equal opportunity, including general and vocational education, directed towards the preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes and friendship among all peoples;

(g) Protection from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development;

(h) Protection from the illicit use of narcotic drugs and prevention of the use of children in the illicit production and trafficking of such substances;

(i) Protection from all forms of sexual exploitation and sexual abuse, in particular, the exploitative use of children in prostitution or other unlawful sexual practices.

III. COORDINATION AND ACCELERATION OF PROGRAMME ACTIVITIES

A. Policy coordination

21. At the global level, a number of steps have been taken to ensure better collaboration and coordination in policy formulation by the major agencies participating in HIV prevention activities. During 1992, these efforts have required inputs from senior UNICEF staff which, when taken together, have been approximately equal to that of one full-time staff member. As a consequence, it has often been difficult to balance the demands for increased inputs from UNICEF headquarters staff in this global dialogue on improved coordination, against the competing pressures created by the rapid acceleration of UNICEF country programme activities and the demand for more technical support at the country programme level. The secondment of a senior-level UNICEF officer to WHO/GPA during this period has been of very substantial benefit in helping to strike a balance at the policy level, while facilitating improved technical linkages at the programme level.

22. Working closely with WHO/GPA, the United Nations Development Programme (UNDP), the World Bank, the United Nations Population Fund and other organizations, expert meetings or other forms of consultation have taken place to recommend policies to national AIDS programmes. WHO and UNICEF sponsored a consultation of experts on HIV transmission and breast-feeding in May 1992. A process of periodic review of the status of new information in this area has been instituted to facilitate the updating of recommendations and guidelines as necessary. UNICEF has also participated in several WHO technical meetings, including one on voluntary testing and counselling, on outreach to high-risk groups and on strategies for assisting countries in strengthening programmes in the prevention and treatment of STDs.

23. UNICEF actively participates in the Inter-agency Advisory Group on AIDS (IAAG), the principal coordinating mechanism for United Nations system policies and activities related to HIV/AIDS, and has been an advocate for enhancing its efforts. Ways to strengthen the capacity of IAAG to perform this coordinating role are now being considered for implementation during 1993. UNICEF is also a member of the WHO/GPA Global Management Committee (GMC) and has actively participated in policy and programme discussions of that group during the last four years. In June 1992, GMC made several recommendations concerning the improved coordination of HIV/AIDS activities at all levels. One of the recommendations proposes the establishment of an AIDS Coordination Forum to act as an inclusive mechanism for policy and programme coordination related to HIV/AIDS among national Governments, United Nations agencies, bilateral organizations and NGOs. UNICEF has been an active participant throughout in discussions among United Nations agencies and others on the design and function of this coordinating vehicle and will be a strong supporter of its efforts in the coming months and years. UNICEF also participated in a series of country assessments organized by WHO/GPA at the recommendation of GMC to focus on country-level coordination among agencies.

B. Programme coordination

24. Following the 1992 UNICEF Executive Board decision (E/ICEF/1992/14, decision 1992/26), vigorous efforts have been undertaken to expand and strengthen programme coordination with other agencies, particularly with WHO/GPA and other WHO technical divisions. A periodic review of activities in support of country programme efforts has recently been initiated between UNICEF and WHO, as well as between UNICEF and UNDP. UNICEF has requested and received the active inputs of WHO technical staff in the development of its operational strategy framework for AIDS prevention and care activities. WHO officers have participated in a series of reviews of this framework with UNICEF representatives and technical officers at headquarters and in the field. UNICEF has also financed the placement of a long-term consultant within the WHO Adolescent Health Programme to assist in the further development of collaborative efforts in this area.

25. Increased technical consultations have also been initiated with bilateral organizations, foundations and NGOs, with the objective of mobilizing and strengthening technical support to UNICEF country programmes of assistance. UNICEF and the Cooperative for American Relief Everywhere, Inc. (CARE) International together undertook a study of migration patterns in West Africa as a step towards increased collaboration in programme design and support. UNICEF and Family Health International have initiated a collaborative effort to organize and systematically make available technical and programme materials to country programmes. UNICEF and the United States Agency for International Development (USAID) have also undertaken efforts to facilitate the improved access of UNICEF country programmes to USAID-financed assistance through the United States Centers for Disease Control and Prevention and technical contractors.

IV. SUPPORT TO UNICEF COUNTRY PROGRAMMES OF COOPERATION

A. Technical and financial resource support

26. In addition to the general resources and supplementary funds expended in support of HIV/AIDS prevention and care activities in UNICEF country programmes, $2,226,008 of global funds were expended. Of that total, $1,462,492 were allocated to UNICEF country programmes. A further breakdown of these financial allocations is included within the "Report on the use of global funds" (E/ICEF/1993/P/L.30) submitted to the regular session of the 1993 Executive Board.

27. Technical support activities have included consultations and briefings with UNICEF representatives and technical officers, country assessments and technical communications. A major emphasis was placed on the development of the UNICEF operational strategy framework for AIDS prevention and care activities. This process included extensive discussions with collaborating agencies and UNICEF officers at headquarters, regional and country offices. Four regional consultations on the strategy framework were organized with UNICEF representatives and officers in Eastern and Southern Africa, West and Central Africa, East Asia and the Pacific and South Asia.

28. Notwithstanding the strong theoretical basis for many of the interventions advocated for HIV/AIDS prevention and care, and despite the varying degrees of experience with some of those interventions in industrial countries, there has been little operational experience in the developing world in implementing these interventions on a large scale and measuring their impact. For this reason, the principal emphasis for technical and financial support has been on those UNICEF programmes designated as strategic programming countries (SPCs). UNICEF SPCs are those which have placed extraordinary resources, in terms of personnel and funds, in one of the key intervention areas described below, aimed at accelerating the global understanding of what constitutes the most effective actions in that intervention area. As part of their efforts, UNICEF SPCs will identify key national or subnational technical institutions, agencies or organizations in the area of their programming emphasis and assist them in developing collaborative relationships with counterpart technical organizations outside of the SPC. This action is intended to facilitate the exchange of operational experience and innovation between countries, while enhancing the technical content of the UNICEF-supported programme of assistance.

29. Design, development, monitoring, evaluation and other technical assistance will be provided to SPCs through thematic technical support groups (TSGs). Five TSGs are being established in the areas of youth health and development promotion, school-based interventions, reproductive health promotion, family care and counselling and communication and social mobilization. Each of the TSGs will be composed of UNICEF programme officers from each of approximately six SPCs, an equal number of programme and technical officers from the headquarters and regional offices of UNICEF and collaborating agencies, and a group of technical consultants, including those from the collaborating institutions and counterparts of the SPCs. The technical consultants will also provide a significant portion of their time to support UNICEF-assisted programme activities in the SPCs. WHO/GPA and other WHO technical divisions will be

represented in each of the TSGs, as will be technical resource persons provided through bilateral and other organizations.

30. The TSGs will meet approximately three times a year for two years with the principal objective of supporting programme acceleration in the SPCs. They will seek to learn and document "what works" in "which settings", and subsequently, to disseminate broadly that experience to other UNICEF country programmes and beyond. In addition, members will communicate among themselves on a regular basis and contribute to periodic information dissemination activities in order to more rapidly share experience with a broader group beyond the SPCs. The TSGs will serve as a principal vehicle for operational-level inter-country and inter-agency collaboration. In time, they will provide a platform from which the efforts required to slow the HIV/AIDS pandemic may be substantially expanded and accelerated.

B. Areas of programme emphasis

31. The UNICEF programme approach in HIV/AIDS is consistent with the Global Strategy for the Prevention and Control of AIDS prepared by WHO/GPA in collaboration with UNICEF and other United Nations, bilateral and national agencies. It is described in the document "UNICEF programme approach to the prevention of the human immunodeficiency virus/acquired immune deficiency syndrome" (E/ICEF/1992/L.11), which was submitted to the 1992 Executive Board. Programme support activities are in the areas of youth health and development promotion, school-based interventions, sexual and reproductive health promotion, family care and counselling, communication and social mobilization and health worker and health facility safety. These intervention areas require further development through operational experience in various country settings before being implemented on a large scale.

Youth health and development promotion

32. The UNICEF approach to HIV prevention focuses on youth, recognizing that two thirds of HIV infections occur before the age of 25 years. Young people are especially vulnerable to HIV infection in societies marked by economic upheaval and changes in social and sexual behaviour due to factors such as urbanization and increased mobility. Sexual and reproductive health is an important part of the health and development of young people, simultaneously affecting both STD and HIV transmission, as well as pregnancies during adolescence. The healthy development of youth also entails strengthening their capacity to resist the use of alcohol, drugs and tobacco, and strengthening their opportunities to identify and participate in constructive actions which are of benefit to them, their families and their communities.

33. Youth are more likely to adopt healthy behaviour and avoid unsafe sexual practices when they have high self-esteem and access to factual information, and when they are not constrained by pressure or circumstance from making a free choice. UNICEF support for out-of-school prevention and promotion activities will focus on youth, community and religious organizations with health and social service outreach efforts. They will seek to guarantee active youth participation and to provide youth with better access to information, services, and opportunities in the health, education, vocation and recreation sectors.

34. During 1992, the organizational meeting for the youth health and development promotion TSG was held with the participation of UNICEF, the Adolescent Health Division of WHO, the Commonwealth Secretariat Youth Programme, the World Organization of Scouting Movements, the Young Women's Christian Association and the International Federation of Red Cross and Red Crescent Societies. An inter-agency work plan was developed and support to country programmes initiated. Activities planned in the coming year include assisting SPCs to undertake situation analyses and design interventions, developing indicators and evaluating existing efforts, and providing assistance to international and national NGOs addressing the needs of youth.

School-based interventions

35. In-school activities will focus on age- and culture-appropriate life skills curricula development and health education. Emphasis will be placed on promoting the use and further development of more participatory approaches to developing the skills required by young people to face and resolve peer pressure and gender disparity, resolving conflict without violence, enhancing interpersonal communication skills, and negotiating and making decisions relevant to minimizing health and development risks.

36. Late in 1992, a review of progress in the life skills area was carried out, which included UNICEF headquarters and country office staff from the education, health and communication sectors; WHO colleagues from GPA, the Division of Adolescent Health and the Division of Mental Health; the Pan American Health Organization (PAHO); the Commonwealth Secretariat; and several national Governments. A TSG was organized with the assistance of a long-term consultant and activities were planned for the coming year, including the development and distribution of a global situation analysis on life skills, a consensus statement on life skills for programme development and advocacy and other tools for in-country action, including case studies describing practical and cost-effective approaches, videotapes and other planning and training guides. UNICEF and WHO will continue to collaborate on the development and evaluation of curricula and materials for school-based education. In addition, a communications network will be established among donors, organizations, academic institutions and educators involved in skills programming and research to support subnational and national life skills planning and global advocacy.

Sexual and reproductive health promotion

37. Sexual and reproductive health entails a knowledge of sexual and reproductive functions; an understanding of individual sexuality based on self-esteem and free from harmful gender stereotypes; the skill and empowerment to make informed sexual decisions free from coercion; the knowledge of and access to family planning information and services; a knowledge of STDs, their prevention, symptoms and treatment; access to condoms; and access to health services required for the management of reproductive tract medical problems, including the diagnosis and treatment of STDs. The promotion of sexual and reproductive health is essential to the containment of the HIV/AIDS epidemic and requires action at multiple levels.

38. During the past year, UNICEF has worked closely with WHO as both agencies have sought to increase attention to the area of sexual and reproductive health

promotion, including frequent technical discussions on the planning of STD services and the improvement and simplification of case management guidelines, as well as participation in consultations involving donor organizations and other international agencies on strategies to increase and sustain the supply of the drugs required in the developing world for the treatment of STDs. Other efforts undertaken in 1992 include the development of a rapid assessment survey instrument to assist in the assessment of women's reproductive health and access to services at the community level in order to assist in programme planning.

39. During the past year, UNICEF also strengthened its approach to the prevention and control of maternal and congenital syphilis. Experience in Zambia has demonstrated that the integration of syphilis prevention and control into MCH could be cost-effective in reducing infant mortality and improving maternal health. With regard to other STDs, UNICEF is taking steps, in collaboration with WHO, to first address operational concerns related to sustainability and drug safety before moving to scale in programme interventions. In Guinea, UNICEF has collaborated with the WHO Division of Tropical Research to assess the reproductive health needs of women in both urban and rural areas. This study will facilitate the integration of reproductive health elements into the Bamako Initiative strategy for PHC. Similar steps have been taken by UNICEF in Burundi to integrate STD control activities into MCH and youth programmes.

40. The TSG on reproductive health held its organizational meeting early in 1993. Activities planned for the coming year include the preparation and adaptation of reproductive health programming guidelines for UNICEF country offices. The TSG will assist UNICEF in strengthening policies, programmes and service-provider efforts as they relate to extending reproductive health information and services to women and young people. Emphasis will be on community-based approaches, working through women's and youth organizations as they seek to expand knowledge and acceptance of preventive health measures and behaviours and to increase understanding, demand and networking for services. Support to services will be provided within the context of overall UNICEF efforts to strengthen PHC and family planning services.

Family care and counselling

41. The provision of care for individuals and families affected by HIV/AIDS has posed and will continue to pose major challenges, especially to countries where basic health care is inadequate. In addition to the impact on individuals and their families, the AIDS epidemic is intensifying competition for scarce resources, and in some countries, HIV-related illnesses are overwhelming health care workers and systems. During the next five years, many more people will require health care and social services related to HIV infection than the number for whom government or health programmes have anticipated or planned. Improved counselling services are also both critically important and critically lacking. The implications of HIV infection are as much social and psychological as medical. Counselling is now fully recognized as a vital component in the care of people affected by HIV/AIDS and a fundamental aspect of good clinical management.

42. The aim of UNICEF activities in this area is to increase the overall understanding of and compassion for AIDS-affected families and individuals, and

to support, evaluate and share successful examples of care strategies. Specific activities include facilitating NGO networks; training community outreach workers; providing technical support to strengthen community services to people with AIDS, AIDS-afflicted families and extended families caring for children; and supporting pilot "models of care". UNICEF considers improved care of and services to orphans to be an integral part of family care and counselling activities. To assimilate experience gained by African Governments and NGOs in long-term child care for abandoned or orphaned children, UNICEF has supported technical consultations and other forms of exchange among government counterparts, NGO experts and WHO and UNICEF staff. Efforts will be made during the coming years to consolidate this experience and to develop more effective, comprehensive responses to the problem of AIDS orphans.

43. Family care and support programme approaches will emphasize the key role of local NGOs in mobilizing local resources and developing strategies for affordable home care and the earlier identification and provision of support services to families in need affected by HIV/AIDS. For children orphaned by AIDS, the emphasis will be on non-institutional approaches to basic support which strengthen the capacity and willingness of extended families and communities to provide the necessary assistance; periodic monitoring in order to attempt to minimize abandonment and exploitation; vocational training to prepare youth for self-sufficiency; and special education and/or counselling to attempt to address the special needs of children traumatized by the loss of their parents and other family members to AIDS.

44. During the past year, UNICEF collaborated with World Vision and WHO in the production of the video "AIDS Orphan Generation", which deals with alternative care for children orphaned by AIDS in Africa. UNICEF also held consultations with WHO/GPA, the National Council for International Health in Washington and the International Children's Centre in Paris to address issues related to operational research and programming in the area.

45. To assist in the acceleration of these activities, a long-term consultant has been recruited with the principal objective of assisting in the establishment in early 1993 of the family care and counselling TSG. The activities of the TSG this year will include a reassessment of current approaches to community support to children and families affected by HIV/AIDS, with a focus on their effectiveness and sustainability. Further work will be undertaken on developing and testing counselling guidelines for health and social workers who advise individuals and families affected by HIV/AIDS on such matters as adoption and estate planning, nutrition and health care, family planning and breast-feeding practices. As with the other TSGs, WHO technical support will be sought in the planning and evaluation of activities at various levels, as well as the inputs of other international and bilateral organizations and NGOs.

Communication and social mobilization

46. Communication and social mobilization are the backbone of the UNICEF approach to HIV/AIDS prevention and care, whether those efforts are in youth health and development promotion, family care and counselling, sexual and reproductive health promotion or in school-based interventions. In addition to the intervention-focused communications and social mobilization activities,

efforts are being undertaken to promote a broader understanding of the strengths and vulnerabilities of youth, why they should be given higher priority in prevention activities and how the low socio-economic status of women in societies around the world continues to fuel the epidemic.

47. To assist in these efforts, a project officer (L-4) for AIDS mobilization will be recruited to headquarters in early 1993 to help organize the communication and social mobilization TSG. This TSG will hold its organizational meeting in early 1993 and will help to establish a network of media persons, artists, broadcasting networks, advertising companies and the private sector to secure their support for health education and promotion activities. Late in 1992, a team of consultants was sent to six SPCs to evaluate and document the start-up of UNICEF-supported activities. Using visual anthropology as a tool for their study, the team has prepared written and visual documentation of early programme experiences. It is hoped that this initial study will also establish directions for integrating visual media into the documentation and evaluation of other UNICEF-assisted HIV prevention programme activities.

Health facility and health worker safety

48. Where medical safeguards are not taken, the transmission of HIV infection in health facilities could play an important role in an HIV epidemic explosion. For example, in Romania, 92 per cent of all HIV-positive cases are in children under four years old who were infected through medical malpractice. In Kenya, a study on blood transfusion practices in a rural setting revealed that 93 per cent of blood transfusions are performed on children (68 per cent) and women (26 per cent). With the increasing prevalence of HIV infection in this region, the risk of acquiring HIV infection through blood transfusions and other medical practices will increase disproportionately among children and women.

49. During 1992, there have been disturbing findings from a selected number of African countries that the risk of acquisition of HIV infection among health workers during medical interventions may be substantial, particularly among midwives and traditional birth attendants. The association between HIV infection and tuberculosis also poses an additional and increasing risk of nosocomial infection with tuberculosis. The first global UNICEF response to the AIDS pandemic targeted the elimination of the risk of HIV transmission through vaccination. These efforts have been made in countries with both low and high prevalence of HIV. In addition, UNICEF has supported efforts in an increasing number of countries in Africa and Eastern Europe to promote and/or strengthen sterilization facilities and practices. These efforts continued during 1992 and will be sustained in the coming years.

C. Country programme highlights

Eastern and Southern Africa region

50. The Eastern and Southern Africa region remains the most severely impacted by the AIDS pandemic. Countries in the region are experiencing the most severe social and economic consequences of the epidemic, while HIV seroprevalence continues to rise. Zimbabwe has reported one of the world's fastest increases

in HIV infection and AIDS incidence. Botswana and Lesotho, previously known as low HIV-seroprevalence countries, are now classified in the heavily-infected group. In Botswana, the highest HIV seroprevalence reported in a low-risk group (pregnant women at antenatal clinics) has jumped from 2 per cent to about 16 per cent within a year. In South Africa, HIV infection, at first equally common in the white and black populations, is now disproportionally affecting blacks in low-income settings. For countries just emerging from long armed conflicts, such as Ethiopia, Mozambique and Namibia, or still involved in conflicts, such as Angola and Somalia, data are lacking to infer the magnitude of the HIV/AIDS epidemic, except for Ethiopia, where recent evidence points to a dramatic increase in the incidence of both HIV infection and AIDS. WHO estimated that there were about 20,000 cases of AIDS and 300,000 cases of HIV infection in Ethiopia at mid-1992. The only low HIV-seroprevalence countries in the region are those situated out of the mainland in the Indian Ocean, including the Comoros, Madagascar, Mauritius, Sao Tome and Principe and Seychelles.

51. Factors contributing to the rapid spread of HIV infection in this region include armed conflict and its consequence on societies; the low socio-economic status of women and girls; gender attitudes among many men which promote having multiple sexual partners; the high prevalence of STDs known to facilitate HIV transmission; the persistence of colonial labour migration patterns associated with the long separation of husbands from their wives, particularly in the southern part of the region; and the progressive impoverishment of larger sections of societies due to a multitude of factors, including recurrent droughts, social inequalities, economic recessions and structural adjustments. For a greater number of women and girls without professional skills, the exchange of sex for survival is an all too common strategy.

52. The UNICEF approach to AIDS prevention and care in this region recognizes the need to address the underlying factors outlined above and to strengthen the capacities of communities to respond by rebuilding self-confidence and hope as prerequisites for success. In Uganda, the UNICEF alliance with NGOs and religious bodies has permitted support to community capacity-building initiatives aimed at finding local solutions to AIDS-related problems, including support to children orphaned by AIDS. At the same time, UNICEF has expanded its support to HIV prevention activities, particularly those targeted at young people. In nearly all the countries in the region, a large part of UNICEF support is directed at efforts to prevent HIV transmission among young people. In Rwanda, the youth AIDS prevention programme is being moved to scale after a successful UNICEF-supported pilot project in six districts. In Zambia, UNICEF continues to provide support for the prevention and control of maternal and congenital syphilis. Women's organizations are becoming increasingly active in the southern part of the region, requesting the recognition of women's rights, their protection against HIV/AIDS and their participation in the democratic process. The UNICEF office in Botswana has played a key role in these changes. UNICEF assistance to children in especially difficult circumstances now includes an important AIDS prevention component in Burundi, Ethiopia, Kenya and Uganda. In collaboration with the World Bank and UNDP, UNICEF supports poverty alleviation interventions in nearly all countries in the region. Such efforts are targeted at those most vulnerable to HIV infection.

West and Central Africa region

53. The HIV epidemic has spread faster in the West and Central Africa region than predicted. Up to 1991, the only countries classified as severely affected were the Central African Republic, the Congo, Côte d'Ivoire and Zaire. In these countries, 20 to 40 per cent of commercial sex workers in major urban centres and over 5 per cent of pregnant women had tested positive for HIV. During 1992, Burkina Faso, Cameroon, Chad, the Gambia, Ghana, Liberia, Nigeria, Senegal and Togo have also reported high HIV seroprevalence rates (above 20 per cent) among urban commercial sex workers and increasingly high seroprevalence among women attending antenatal clinics. The situation is also worsening in Mali and the Niger, where HIV seroprevalence is now increasing faster among urban commercial sex workers than in Abidjan (Côte d'Ivoire).

54. Population migration is believed to play an important role in the spread of STDs, including HIV. The situation is aggravated by rising unemployment rates due to the conjugated effects of economic recession and structural adjustment. Chad, Liberia and, to a lesser extent, Sierra Leone are countries affected by armed conflicts in this region. Such conflicts are increasing the vulnerability of communities to the HIV epidemic and fuelling the epidemic through the displacement of populations and an influx of a large number of young soldiers in the affected areas.

55. UNICEF has contributed to broadening the scope of the response to the AIDS pandemic in this region. Gender issues related to HIV/AIDS are being addressed with UNICEF support in the Congo, Mauritania and the Niger. UNICEF-supported AIDS prevention programmes targeted at youth are focusing increasingly on life skills development and peer support approaches in the Congo, the Niger and Zaire. UNICEF is also promoting a community-based approach to AIDS-related family care and counselling in the Congo.

The Middle East and North Africa region

56. Globally, the Middle East and North Africa is one of the regions less affected by AIDS. However, the number of HIV infections and AIDS cases have been increasing. The countries most affected are Djibouti, Egypt, Lebanon, Morocco and the Sudan. UNICEF is collaborating with other partners to advocate for an increased commitment to AIDS prevention activities in this region. The initiative of Morocco in addressing the situation of women and girls, including the recognition of their reproductive health needs, is encouraged and supported by UNICEF, with the intention of extending the experience to other countries in the region.

East Asia and the Pacific region

57. The increase in the number of persons infected with HIV in the East Asia and Pacific region is comparable to the situation observed in Africa during the first decade of the AIDS pandemic. In Thailand, the estimated number of HIV-positive persons rose from 0 in 1987 to 320,000 to 500,000 in mid-1992. A similar trend is being observed in Myanmar and the Philippines. In Myanmar, the reported number of HIV infections has increased from 0 in 1988 to 4,246 in 1992. The situation is not yet alarming in the Lao People's Democratic Republic and Viet Nam. However, these countries share common risk factors and borders with

countries where the pandemic is known to be worsening. Of particular concern is Cambodia, where there is substantial cross-border migration of both soldiers and commercial sex workers.

58. The delay in the appearance of HIV infection in Asia, particularly among prostitutes, led to the misconception that the region was not vulnerable to AIDS. This misconception has delayed the adoption of appropriate prevention measures. The principal factors associated with the rapid spread of HIV infection are the extensive development of the commercial sex industry and the practice of needle sharing for intravenous drug injection, facilitated by a high production of heroin in the "golden triangle". Despite the progress achieved in the improvement of the status of women, the rights of the girl child still require vigorous attention, in particular, as it relates to girls being forced or coerced into prostitution.

59. In Thailand, where the Government is engaged in a campaign to liberate girls coerced or forced into prostitution, UNICEF provides assistance in their rehabilitation. UNICEF has expanded its support to the AIDS prevention programme in Thailand and is engaged in active programme planning and initiation in Cambodia, the Lao People's Democratic Republic, Myanmar and Viet Nam.

South Asia region

60. WHO estimates that about 1 million persons may be HIV-infected in India today. The major factors associated with the rapid increase in HIV infection include the expansion of the commercial sex industry and the low socio-economic status of women and girls which facilitates this expansion. No other country in the region has reported such a dramatic increase in HIV cases. In general, data are incomplete in the region where there remains a reluctance in many quarters to more actively confront the problem of AIDS.

61. Thus far, the contribution of UNICEF to AIDS prevention in this region focuses on reducing the vulnerability of women and girls to HIV infection. UNICEF-supported women and girl child programmes address the gender issues related to HIV/AIDS. UNICEF is joining efforts with other partners to encourage Governments to take early action to prevent HIV transmission.

The Americas and the Caribbean region

62. The Americas and the Caribbean is one of the regions reporting the largest number of AIDS cases in the world. However, the distribution of AIDS cases and HIV seroprevalence varies a great deal by country. Countries reporting the largest number of AIDS cases are Argentina, the Bahamas, Brazil, Colombia, the Dominican Republic, Haiti, Honduras, Mexico, Trinidad and Tobago, and Venezuela. Heterosexual transmission has become the major route of infection. Consequently, there is a rise in the number of women and children infected with HIV/AIDS.

63. UNICEF has strengthened its programme of support to children in especially difficult circumstances and has added an AIDS prevention component. UNICEF is now expanding collaboration with the Pan American Health Organization (PAHO) in support of AIDS prevention and care activities. The UNICEF HIV/AIDS programming process is also under way in Honduras and in the Caribbean.

V. CHALLENGES FOR THE FUTURE

64. UNICEF and its programming partners will continue to face the enormous challenges posed by the HIV/AIDS epidemic for decades to come. Among these challenges is the need to respond to the rapidly expanding epidemic on a broad scale, even while operational experience with effective, affordable and sustainable interventions is limited. This situation increases the requirement for improved monitoring and evaluation capabilities, as well as enhanced communication and collaboration among UNICEF country programmes of assistance and national Governments, technical institutions and international agencies involved in HIV/AIDS prevention and care activities.

65. Recognizing the importance of an informed approach to the epidemic, both from the standpoint of programme assistance as well as the action required by individuals and families, the Executive Director has written to all UNICEF employees, distributing a booklet prepared by WHO, entitled AIDS and HIV Infection: Information for United Nations Employees and their Families. In addition, a review of United Nations and UNICEF policies which may relate to HIV/AIDS status has been undertaken by the Division of Personnel, and an intensive training programme has been initiated for UNICEF personnel officers and focal points throughout the world to assist them in counselling staff members and their families.

66. As the scope of the epidemic has become clear and the limitations of current approaches more evident, greater effort will be necessary to expand the partnership of collaborating institutions engaged in preventing the spread of HIV and mitigating the impact of AIDS on families and communities. Many of the issues related to the spread of the epidemic are inherently controversial, and interested parties will increasingly need to find ways to improve dialogue and collaboration, even while differences of approach and perspective remain. The Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of the Child will provide the guiding principles for continued UNICEF engagement in this dialogue and in support of efforts by Governments in HIV/AIDS prevention and care. This orientation is reflected in the proposal to the Executive Board for the establishment of posts at UNICEF headquarters for a senior advisor for women's health and a senior advisor for youth health and development (E/ICEF/1993/P/L.3). Further attention will be given in the coming months to identify those approaches to HIV/AIDS prevention and care which are most synergistic with the World Summit for Children common goals for the year 2000.